



Air Force Female Recruit Morbidity Study

THE STUDY GOALS

This study undertook an assessment of injuries and illnesses among female Air Force recruits. There were four objectives for the project:

- ✓ Assess the types, rates, and risks of injuries and illnesses among female basic trainees
- ✓ Identify the week of training and source of injuries
- ✓ Compare the rates of injury and illness for female recruits vs. male recruits
- ✓ Identify any gender-specific injuries and illnesses

THE CONCLUSIONS

Female recruits, overall, were 1.5 to 2.5 times more likely to experience an injury or illness during BMT than male recruits. This increased risk may reflect differences in fitness levels when recruits enter training.

- Women appear to be at significantly greater risk than men for all categories of injury and illness.
- Absolute injury rates for both men and women declined over the six-week training period. Only hip/leg injuries for women and ankle/foot injuries for men remained constant for the entire period.
- Female recruits do not appear to have gender-specific injuries and illnesses. Respiratory infections are the most common problem for both women and men. Psychological reasons were the least common cause for a provider encounter for both women and men.
- The risk of being discharged is significantly greater for women (11.5%) than for men (8.2%). The risk of being recycled is not significantly higher for women (10.3%) than men (9.8%).
- Gynecological conditions were only the fourth most prevalent cause for provider encounters, but created the highest number of referrals. The second highest cause of referrals for women was psychological conditions, followed by respiratory infections.

RECOMMENDATIONS

The revelation that females are at greater risk of injury and illness implies that female recruits have greater health needs than men.

There is further analysis that could be done with the results of this study:

- ❑ Use data collected in the Air Force Recruit Fitness Study (AFRFS) to determine the effect of fitness level on the rates and risks of injuries and illness.
- ❑ Modify the analysis plan of this study to assess health care utilization rates.
- ❑ Pursue investigation of referrals, including reasons for the action, the identity of the referring provider, and the specialty of the provider to whom the patient was referred.